**NHS Digital**

**Indicator Supporting Documentation**

**IAP00052 Access to GP Services (NHSOF)**

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| Title | Access to GP services |
| Published by | NHS Outcomes Framework |
| Reporting period | Quarterly |
| Geographical Coverage | England |
| Reporting level(s) | National |
| Based on data from | GP Patients Survey |
| Contact Author Name | Department of Health |
| Contact Author Email | Toni.winder@dh.gsi.gov.uk |
| Rating | Assured |
| Assurance date | 06/10/11 |
| Review date | 06/10/14 |
| Indicator set | NHS Outcomes Framework 2011/12 |
| Brief Description | This indicator is part of domain 4, which reflects the importance of providing a positive experience of care for patients, service users and carers.  Two overarching indicators have been included within Domain 4. These are intended to capture, at a high level, the experience of patients using two of the main elements of NHS  care: primary and hospital care. The vast majority of the population visit their GP each year; the average person will visit their GP more than five times a year whereas they will go to hospital for treatment once every five years. Often it is the experience people have of primary care – including GPs, dental and out-of-hours services – that determine their overall view of the NHS. |
| Purpose | The indicator is driven by policy priorities and is assured by the Patient Experience Policy Programme (PEPP) prior to entering the Indicator Governance Board Assurance process.  The PEPP is a collaboration between the Department of Health, Patient and Public Engagement and Experience Division and NHS North West and seeks to produce an Excellence Framework for Patient Experience by March 2012. This will include strategic options for the future of the national patient experience survey architecture and information for Department of Health Policy Leads on best practice in the development of indicators for patient experience. |
| Definition | Results from previous surveys have been used in the Quality and Outcomes framework to pay GP Practices for their performance on Access to Services. These measures have also been used nationally by HMT and by the CQC at PCT level. However, the questions on which access has been measured previously are no longer in the survey.  The questions have been redesigned to better understand the expectations and experiences of patients. Previous indicators have also received criticism from the GP community due to their link to pay for performance. By changing the indicator, we are making a clearer break from the original access indicators. |
| Data Source | GP Patient Survey carried out by Ipsos MORI on behalf of the Department of Health <http://www.gp-patient.co.uk/> |
| Data Source | GP Patient Survey carried out by Ipsos MORI on behalf of the Department of Health <http://www.gp-patient.co.uk/> |
| Numerator | The indicator will be based on aggregated data from two collections each year. Although from June 2012 onwards data will be published on a rolling six-monthly basis, the indicator will only be produced annually based on data for the full financial year. Producing the indicator on a six-monthly basis will mean that data will overlap with the previously calculated score. |
| Denominator | The average weighted number of respondents to at least one of the 20 questions. |
| Calculation | [𝑁𝑢𝑚𝑒𝑟𝑎𝑡𝑜𝑟𝑖𝐷𝑒𝑛𝑜𝑚𝑖𝑛𝑎𝑡𝑜𝑟𝑖]×100  Individual questions are scored according to a pre-defined scoring regime that awards scores between 0 and 100. Therefore, this indicator will take values between 0 and 100, where 0 is the worst score and 100 is the best score. |
| Interpretation Guidelines | The GP Patient Survey Questionnaire has been redeveloped in conjunction with Ipsos MORI and an Academic Review Group to incorporate questions designed to capture patient  experience of Primary Care. Their expert advice has been used to develop the three questions to be used. All questions have been fully cognitively tested before being included in the survey questionnaire. |
| Caveats |  |
| Primary Category | Patient care |
| Indicator Title, this is the short title, a concise concept. Do not include details of calculation, geography, time period or population characteristics | Application Code **(IAP00052)** |
| The NHS Outcomes Framework 2011/12  Domain 4 – Ensuring that people have a positive experience of care  4.4 - Improving access to primary care services (GP) |  |

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| **OVERVIEW OF INDICATOR:**  This indicator forms part of the NHS Outcomes Framework, which is designed to provide national level accountability for the outcomes the NHS delivers, and act as a catalyst for driving transparency, quality improvement and outcome measurement throughout the NHS.  The indicator is driven by policy priorities and is assured by the Patient Experience Policy Programme prior to entering the Information Centre Assurance process. The Patient Experience Policy Programme (PEPP) is a collaboration between the Department of Health Patient and Public, Engagement and Experience Division and NHS North West and seeks to produce by March 2012 an Excellence Framework for Patient Experience. This will include strategic options for the future of the national patient experience survey architecture and information for Department of Health Policy Leads on best practice in the development of indicators for patient experience. The Strategic Overview and Recommendations from PEPP are attached in the following draft embedded document ‘Strategic Overview and Recommendations, draft 6May 2011. Indicators developed using data sources from the current national patient experience survey architecture are presented as short term solutions prior to consideration of PEPP recommendations for the future.  Document available on request by email to [indicators@nice.org.uk](mailto:indicators@nice.org.uk)  Quality assurance for the PEPP assurance process for Domain 4 indicator development has been sourced from the NHS North West INSPIRE training and development framework and particularly in the area of analytical and clinical review expertise in developing an understanding of experience data and analysis and creating a shared understanding of service experience values, language and terminology. In addition, the development of indicators for Domain 4 will be included in the quality assurance process for PEPP which has been commissioned from academic’s experts in this field from Oxford University.  This indicator is part of Domain 4, which reflects the importance of improving access to primary care services, particularly GP services. |

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| **IS A *COMPOSITE MEASURE* OR *SINGLE MEASURE* USED? TBC**  Two options have been presented to Ministers:   * a single question indicator * a composite indicator.   A single question indicator is where the indicator is tested through a single question and the results reported directly. Two questions from the GP survey have been identified that might be used:   1. overall experience of making an appointment 2. count of the people who were able to get an appointment without having to call back.   The alternative is to develop a more complex composite indicator, using a combination of questions from the access section of the survey to build an indicator which looks at what people wanted and what they actually got.  We've recommended the second option to Ministers and are now waiting for a steer on which option (if any) they prefer.  **QUESTION(S):**  With Ministers for sign off.  **MEASUREMENT UNITS:**  With Ministers for sign off.  **GEOGRAPHICAL RANGE:**  England  **AGE:**  The survey is for patients aged 16 and over.  **DISAGGREGATION:**  The Department of Health has made tackling health inequalities a priority. It is also under a legal obligation to promote equality across the equality strands protected in the Equality Act 2010. There is, therefore, a legal requirement and a principle that the design and introduction of the NHS Outcomes Framework will not cause any group to be disadvantaged.   Where possible, all indicators in Domain 4 should be disaggregated by the equality and inequality strands. It should be noted that not all strands are covered in the surveys.  The following strands are covered in the survey used to measure this indicator  Gender  Age  Ethnicity  For those strands that are covered, disaggregation is only possible at a national level. Disaggregation at trust level is unreliable due to sample size.  Disaggregation is also required by age, using the following age bandings:  16 to 35  36 to 50  51 to 65  66 and over  Does this indicator measure a  process outcome including process as proxy  This measure is compared against a national average |
| 1. List any indicators which overlap with the proposed indicator Are there other similar indicators currently in use? The IC will provide a library of existing indicators as a later part of this project development. For now, please list any indicator sources you have checked. |
| NHS Comparators, CQC – Both NHS Comparators and CQC have used data from the GP Patient Survey in the past to present information on Access to GP Services in the past, however, different measures of access have been used. No other organisations have permission from DH to produce and publish indicators based on the GP Patient Survey. |
| 1. What value does the proposed indicator offer over existing indicators? |
| Results from previous surveys have been used in the Quality and Outcomes framework to pay GP Practices for their performance on Access to Services. These measures have also been used nationally by HMT and by the CQC at a PCT level. However, the questions on which access has been measured previously are no longer in the survey.  The questions have been redesigned to better understand the expectations and experiences of patients. Previous indicators have also received criticism from the GP community due to their link to pay for performance. By changing the indicator, we are making a clearer break from the original access indicators. |
| 1. How is the indicator to be derived from its source data?   Existing raw data that require further calculation to answer the indicator question. |
| 1. Is this indicator linked to another that has been submitted to pipeline? Give the name and relationship |
| Yes, this is indicator is part of the Domain 4 indicator set which is being developed as part of The NHS Outcomes Framework 2011/12.  4a Patient experience of primary care  4b Patient experience of hospital care  4.1 Improving people’s experience of outpatient care  4.2 Improving hospitals’ responsiveness to personal needs  4.3 Improving people’s experience of accident and emergency services 4.4 Improving access to primary care services  4.5 Improving women and their families’ experience of maternity services  4.6 Improving the experience of care for people at the end of their lives4.7 Improving experience of healthcare for people with mental illness  4.8 Improving children and young people’s experience of healthcare  Two indicators are being developed as part of 4.4. The indicator relating to GP services (as detailed in this form), and the indicator relating to dental services. |
| **Section B – Application contact details (please note all contact details will be treated confidentially)** |
| **Applicant Name**  Toni Winder 0113 25 45182 [toni.winder@dh.gsi.gov.uk](mailto:Toni.winder@dh.gsi.gov.uk)  Senior Operational Research Analyst |
| **Acknowledgements**  Gill Littlehales, Primary Medical Care, DH |
| **Stakeholder**  **Ipsos MORI** |

Users of the Proposed Indicator

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|  | Primary User | Secondary User | Not intended for |
|  |  | Yes |  |
| National Government |  | Yes |  |
| Local Government |  |  |  |
| Governing Boards  (NHS, local government etc) | Yes |  |  |
| Providing Managers | Yes |  |  |
| Commissioning Managers | Yes |  |  |
| Regulators |  | Yes |  |
| Clinicians |  | Yes |  |
| Patients |  | Yes |  |
| Public |  | Yes |  |

**Assurance Summary**

Methodology Review Group Discussion

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| Assurance stage | Date |
| Methodology Review Group Discussion | 27/9/11, 25/5/12, 9/8/12 |
| Indicator Governance Board Discussion | 30/11/12 |
| Signed-off | 30/11/12 |

Methodology Review Group (MRG)

**No significant issues identified**

Indicator Governance Board (IGB)

**Assured**

Indicator Methodology for Consideration - Methodology Review Group

Introduction

[Give a brief background on which indicators are being considered, especially if they form part of a programme of indicators. Provide any general information such as

•urgency of approval / broad timescales

•history and direction of any indicator programmes involved eg. General news about NHS Outcomes Framework

•Level of IC’s involvement, eg is it commissioned to produce or surface the data]

Record of Assurance provided by **Indicator Governance Board**

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| Description |  |
| *Denominator:* All respondents to GP Patient Survey question: Overall, how would you describe your experience of making an appointment?  *Numerator:* The number of people responding, ‘Very Good’ or ‘Fairly Good’. |  |
| Initial IGB discussion | 30/11/12 |

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| Strategic considerations and implications |  |
| Department of Health Quality Framework and QIPP Teams  \*Costing for assurance appraisal included in development cost | Assurance- Yes |
| Indicator rationale | The vast majority of the population visit their GP each year, and the average person will visit their GP more than five times a year whereas they will go to hospital for treatment once every five years. Often it is the experience people have of primary care – including GPs, that determine their overall view of the NHS. The indicator will be used alongside additional information sources to provide local clinicians and managers with intelligence on the quality of local services from the patients’ and service users’ point of view, ultimately to play a role in driving improvements in the quality of service design and delivery. |
| Basis for rationale  [Details of quality statement, policy etc] | The NHS Outcomes Framework will provide national level accountability for the outcomes the NHS delivers. The indicator is driven by policy priorities. |
| Risks & assumptions | * It is assumed that the GP Patient Survey will continue to run. * The survey is being run centrally and administered by Ipsos MORI with patients selected at random from GP registered lists in order to avoid the possibility of primary care providers being able to ‘game’ the system. |
| IG Considerations [e.g. release of under-lying data, intermediaries’ access to data, data ownership impact on production] | *Data Source:* Indicator based on responses to a single question within the GP Patient Survey (GPPS)  Data is publically available |
| Potential impacts on other business areas [inc outstanding generic issues] | None identified |
| Implementation Method  [inc production funding] | * Funding status secured. * The indicator will only be based on a data for a full financial year aggregating data from the two six-monthly collections and will be available in June following the applicable financial year. |

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| Discussion dates: 27/9/11, 25/5/12, 9/8/12 | By: HSCIC: Alyson Whitmarsh , John Varlow, Azim Lakhani, Andy Sutherland, Jonathan Hope, |
|  | * Initial methodology which included regression analysis of other survey questions discounted - indicator based on responses to a single question. * Details of non-response weighting provided - Strategy documents available on GP Patient Survey website. * MRG noted that the weighting for non-response bias, covered in the Ipsos MORI paper, addressed issues of demographic mix. * Request made for definitive statement from Ipsos MORI on whether research into people with bad experiences being more inclined to respond has been carried out. |
| Summary of MRG discussions: | MRG recommended that the numbers for this indicator be compared to the total number of people indicating that they made an appointment. This would give an indication of how well completed this question is. |
| Outcome of MRG consideration: | No significant identified |
| MRG statement of recommendation: | MRG recommended the indicator for appraisal by the Indicator Governance Board on the proviso that the potential issues surrounding non-response bias should be described in the indicator quality statement. |
| Peer Reviewers: | No Peer Review conducted at present |
| Range of input  [Have relevant business areas contributed e.g. clinical assurance?] | Clinical input on NHSOF level indicator via advice received from (GP Patient Survey research panel) Academic Review Group and Stakeholder Group during development. |

Review:

Timescale- 3 years

Rationale [Issues to consider – Changes to process, policy data source, coding definitions HES definitions]

Stability of data source and no immediate likelihood of policy changes impacting on the indicator

IGB Sign-off:

Assured

Basis of Sign-off

[Detail caveats and limitations]

The indicator is signed off as “Assured” in line with recommendations made by MRG and on the proviso that potential issues surrounding non-response bias are described in the accompanying Quality Statement.

Sign-off Date: 30/11/12